

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Graham State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Pima No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Boswell

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Married? \_\_\_\_\_ 8. Date of birth Aug 1st, 1907  
(Month, day, year)

9. Full name FATHER Boswell, Eli DeL 10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ 11. Color or race Cauc 12. Age at last birthday \_\_\_\_\_ (Years) 13. Birthplace (city or place) \_\_\_\_\_ (State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER Boswell, Anice H 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ 20. Color or race Cauc 21. Age at last birthday \_\_\_\_\_ (Years) 22. Birthplace (city or place) \_\_\_\_\_ (State or country) Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

7. Number of children of this mother 4th  
(At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

8. If stillborn, period of gestation \_\_\_\_\_ (months or weeks) 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Olive McFate, M. D. \_\_\_\_\_ Address \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ Olive McFate \_\_\_\_\_ Registrar.

10M-9-1-34 FORM No. 2